

**2608 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 03, 2008 8:00 am
Secretary of State

09-03-2008 90005 003 ****61.25

DOCUMENT # N01000003023

1. Entity Name

**THE SOUTH MIAMI COMMUNITY REDEVELOPMENT
AGENCY FOUNDATION, INC.**



Principal Place of Business

**6130 SUNSET DRIVE
SOUTH MIAMI FL 33143**

Mailing Address

**6130 SUNSET DRIVE
SOUTH MIAMI FL 33143**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

4. FEI Number

31-1803315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOUTSIS, EVE A
18001 OLD CUTLER ROAD
SUITE 556
MIAMI FL 33157**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 3, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DAVID, STEPHEN**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **S** ☐ Delete
NAME **MENENDEZ, MARIA**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **T** ☒ Delete
NAME **RASSI, ELIZA**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
NAME **FELIU, HORACE G**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
NAME **WISCOMBE, RANDY G**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

TITLE **D** ☐ Delete
NAME **PALMER, VELMA**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **MIAMI FL 33143**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **DAVID, STEPHEN**
STREET ADDRESS **6130 SUNSET DRIVE**
CITY-ST-ZIP **SOUTH MIAMI, FL 33143**

TITLE **DEPT: CRA** ☐ Addition
NAME **REQ # CRA080508** P.O. # **OPEN P.O.: ☐**

TITLE **FINANCE DIRECTOR** ☒ Change ☐ Addition
NAME **MATLOBB MENENDEZ** RECEIVED AS BILLED
STREET ADDRESS **6130 SUNSET DR**
CITY-ST-ZIP **MIAMI FL 33143** **08-02-08**

TITLE **FINANCE DIRECTOR** ☐ Change ☐ Addition
NAME **FINANCE DIRECTOR**
STREET ADDRESS **FINANCE DIRECTOR**
CITY-ST-ZIP **FINANCE DIRECTOR**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

5000A DIRECTOR 08-26-08 (305) 668-7238